

**CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
SELECTION SERVICES SECTION
SUPPLEMENTAL APPLICATION EXAMINATION FOR SUPERVISING REGISTERED NURSE III, CF**

Read instructions carefully

This supplemental application will provide you with an opportunity to demonstrate significant aspects of your qualifications for Supervising Registered Nurse III, Correctional Facility (CF) with the Department of Corrections and Rehabilitation (CDCR). The information you provide will be rated based on objective criteria created by Subject Matter Experts. That rating will be used to determine your final score in this examination. Your name will be merged onto a list based on your final score, and that list will be used by CDCR facilities statewide to fill their existing positions. A "Conditions of Employment" form is included in this supplemental application that will allow you to select the location(s) and time bases in which you are interested in working.

This supplemental application will account for 100% of the weight of your examination for this classification. Therefore, please be sure to follow the instructions carefully as missing or incomplete information may delay the processing of your examination.

Candidate's Name: _____

Social Security Number: _____

Address: _____

Home Phone Number: _____

Work Phone Number: _____

Nursing License: _____

| | | |
|--------|-----------------|-------|
| Number | Expiration date | State |
|--------|-----------------|-------|

Signature

Date

I certify that all the statements I have made in this application are true and correct.

MAILING INSTRUCTIONS:

Mail your completed Supplemental Application, along with a standard State Application Form, STD. 678 to the address listed below. You may download a copy of the State application from the State Personnel Board's website at www.spb.ca.gov

**MAIL COMPLETED
STD. 678 AND
SUPPLEMENTAL
APPLICATION TO:**

California Department of Corrections and Rehabilitation
Selection Services Section
P. O. Box 942883
Sacramento, CA 94283-0001

**SUPERVISING REGISTERED NURSE III, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

MINIMUM QUALIFICATIONS

All candidates must meet the minimum qualifications before they will be admitted into this examination. Please ensure that your state application (std. form 678) clearly indicates your education, experience, and licensure information that meet the minimum qualifications for this exam.

"Possession of a current license as a registered nurse in California. (Applicants who do not meet this requirement will be admitted to the examination, but they must secure the required license before they will be considered eligible for appointment.) **And**

Either I

One year of experience in California state service performing the duties of a Supervising Registered Nurse II, Correctional Facility.

Or II

Three years of experience in California state service performing the duties of a Supervising Registered Nurse I, Correctional Facility.

Or III

Experience: Four years of registered nursing experience (within the last ten years) in a licensed general acute care hospital, two years of which must have been in an administrative or supervisory capacity. (Possession of a Bachelor of Science Degree in Nursing or a Master's Degree in Nursing may be substituted for one year of general acute care hospital experience.)

Candidates who are within six months of completing the experience requirements will be admitted to the examination, but they must complete all requirements before they will be considered eligible for appointment."

JOB REQUIREMENTS

The following are job requirements. Please respond to each question by marking the appropriate box. If you are unwilling or unable to comply with any of the following job requirements, it will be grounds for elimination from the examination process.

- | | |
|--|--|
| 1. Are you willing to treat inmates/wards in a professional, ethical, and tactful manner? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Are you willing to perform a physical assessment on an inmate/ward? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are you willing to provide emergency care to inmates/wards (e.g., CPR)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are you willing to work around peace officers armed with chemical agents and/or weapons? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are you willing to abide by and adhere to institutional safety and security policies? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Are you willing to wear protective clothing and apparatus as required? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Are you willing to abide by and adhere to the institutional dress code? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Are you willing to promote positive, collaborative, professional working relations among co-workers and peace officers? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Are you willing to work professionally with individuals from a wide range of cultural backgrounds? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Are you willing to work overtime and on-call hours as required? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Are you willing to work rotating shifts (e.g. day shift, swing shift, night shift) to provide staff coverage? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Are you willing to carry equipment and materials weighing a minimum of 40 pounds? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Are you willing to bend, stoop, climb stairs, push, pull, twist, and briskly walk a minimum of 50 yards? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**SUPERVISING REGISTERED NURSE III, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

| WORK EXPERIENCE | FREQUENCY | | | | LEVEL OF SKILL | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|---------------------------|
| Note to Applicant: Under "Work Experience," for items #14-29, please indicate by checking the appropriate boxes: Frequency: 1. If you have performed this task within the last <u>12</u> months; and 2. How often you perform this task (e.g. select one box from "weekly" "monthly" and "annually" column) Level of Skill: 1. The level of skill that you have in performing this task (e.g., select one box from the "level of skill" column) | Last 12 months | Weekly | Monthly | Annually | Not performed | Performed during training | Performed AFTER licensure |
| 14. Direct the overall nursing services operations for a hospital or clinic. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Supervise nursing staff in the performance of their duties. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Ensure sufficient qualified nursing staff are on duty to provide adequate patient care. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Ensure current nursing practices are in compliance with policies and procedures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Assign nursing duties that are consistent with the scope of practice. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Participate in recruiting qualified nursing staff. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Interview, evaluate and select candidates to fill identified jobs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Review the performance evaluations conducted by lower-level supervisory staff. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Administer on-going infection control practice. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Meet with Medical Director and other upper-level management to provide information and analysis. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Monitor, track and prioritize expenditures related to nursing services budget. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Work with vendors and procurement staff to secure medical supplies. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Conduct training and development of nursing staff. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Monitor nursing services overtime. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Manage nurse contracts/registries. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Serve on various committees (i.e. Quality Improvement, Infection Control, Pharmacy and Therapeutic, Utilization Management, etc.) to exchange information concerning health care. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**SUPERVISING REGISTERED NURSE III, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

DEGREES/CERTIFICATIONS

Please indicate if you have completed any of the following degrees or certifications by checking the appropriate box or boxes.

- .
- ☐ 30. Bachelor's degree in nursing
 - ☐ 31. Master's degree in nursing
 - ☐ 32. Certificate in Pediatric Nursing
 - ☐ 33. Certificate in Public Health Nursing
 - ☐ 34. Advanced Cardiac Life Support (ACLS)

SUPERVISORY EXPERIENCE

Please indicate if you have any experience supervising the following personnel by checking the appropriate box or boxes.

- .
- ☐ 35. Registered Nurses (RN)
 - ☐ 36. Licensed Vocational Nurses (LVN)
 - ☐ 37. Certified Nursing Assistants (CNA)
 - ☐ 38. Recreational Therapists
 - ☐ 39. Occupational Therapists
 - ☐ 40. Physical Therapists
 - ☐ 41. Psychiatric Technicians

**SUPERVISING REGISTERED NURSE III, CORRECTIONAL FACILITY
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Name: _____

AUTHORIZATION TO WORK IN THE UNITED STATES OF AMERICA

This question is not part of the examination but is for the hiring authority's information. If you answer 'yes' to question 2, please provide your Visa information below.

1. Are you a citizen or permanent resident of the United States of America? ☐ Yes ☐ No
2. If not, are you in possession of a Visa that permits you to work in the United States of America? ☐ Yes ☐ No

Visa type _____

Visa expiration date _____

**SUPERVISING REGISTERED NURSE III, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

CONDITIONS OF EMPLOYMENT - CDCR ADULT & YOUTH FACILITY LISTING ONLY

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE - YOU WILL NOT BE OFFERED A JOB IN LOCATIONS NOT MARKED.

If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form. If, after you are contacted for a job, you are unwilling to accept work you will be charged with a waiver. **After three such waivers and/or do not reply promptly to the contact, your name will be made inactive. ON OPEN EMPLOYMENT LISTS, once your name is placed inactive, it cannot be reactivated.** Therefore, before you mark this form, there are some things you should consider. If you are not planning to relocate or are not willing to travel to a distant job location, do not select locations that are a long way from your residence. You may choose up to 15 different locations. If you choose more than 15, you will be certified for anywhere in the State.

TYPE OF APPOINTMENT YOU WILL ACCEPT

Please mark the appropriate box(es) - you may check "(A) Any" if you are willing to accept any type of employment.

☐ (D) Permanent Full-Time ☐ (R) Permanent Part-Time ☐ (K) Limited-Term Full-Time ☐ (A) Any

If all are marked and you receive an appointment other than permanent full-time, your name will continue to be considered for permanent full-time positions.

☐ **5 ANYWHERE IN THE STATE - If this box is marked, no further selection is necessary.**

NOTE: California State Prison has been abbreviated to "CSP." Youth Correctional Facility has been abbreviated to "YCF."

☐ **7231 NORTHERN REGION – If this box is marked, no further selection is necessary.**

ADULT FACILITIES:

- | | |
|--|--|
| <input type="checkbox"/> 0309 Mule Creek State Prison Ione, Amador County | <input type="checkbox"/> 3417 Richard A. McGee Correctional Training Center, Galt, Sacramento County |
| <input type="checkbox"/> 0802 Pelican Bay State Prison Crescent City, Del Norte County | <input type="checkbox"/> 3423 CSP, Sacramento Represa, Sacramento County |
| <input type="checkbox"/> 1802 California Correctional Center Susanville, Lassen County | <input type="checkbox"/> 3901 Deuel Vocational Institution Represa, Sacramento County |
| <input type="checkbox"/> 1805 High Desert State Prison Susanville, Lassen County | <input type="checkbox"/> 4804 California Medical Facility Vacaville, Solano County |
| <input type="checkbox"/> 2102 CSP, San Quentin San Quentin, Marin County | <input type="checkbox"/> 4811 CSP, Solano Vacaville, Solano County |
| <input type="checkbox"/> 3400 Headquarters Sacramento, Sacramento County | <input type="checkbox"/> 5505 Sierra Conservation Center Jamestown, Tuolumne County |
| <input type="checkbox"/> 3404 Folsom State Prison Represa, Sacramento County | |

YOUTH FACILITIES:

- | | |
|---|--|
| <input type="checkbox"/> 3902 DeWitt Nelson YCF Stockton, San Joaquin County | |
| <input type="checkbox"/> 3908 O.H. Close YCF Stockton, San Joaquin County | |
| <input type="checkbox"/> 3917 N.A. Chaderjian YCF Stockton, San Joaquin County | |
| <input type="checkbox"/> 3907 Northern California YCF Stockton, San Joaquin County | |
| <input type="checkbox"/> 0311 Pine Grove Youth Conservation Camp Facility Pine Grove, Amador County | |
| <input type="checkbox"/> 0307 Preston YCF Ione, Amador County | |

☐ **7232 CENTRAL REGION – If this box is marked, no further selection is necessary.**

ADULT FACILITIES:

- | | |
|---|---|
| <input type="checkbox"/> 1015 Pleasant Valley State Prison Coalinga, Fresno County | <input type="checkbox"/> 2003 Central California Women's Facility Chowchilla, Madera County |
| <input type="checkbox"/> 1513 Wasco State Prison – Reception Center , Wasco, Kern County | <input type="checkbox"/> 2004 Valley State Prison for Women Chowchilla, Madera County |
| <input type="checkbox"/> 1514 North Kern State Prison Delano, Kern County | <input type="checkbox"/> 2701 Correctional Training Facility Soledad, Monterey County |
| <input type="checkbox"/> 1522 Kern Valley State Prison Delano, Kern County | <input type="checkbox"/> 2708 Salinas Valley State Prison Soledad, Monterey County |
| <input type="checkbox"/> 1605 Avenal State Prison Avenal, Kings County | <input type="checkbox"/> 4005 California Men's Colony San Luis Obispo, San Luis Obispo County |
| <input type="checkbox"/> 1606 CSP, Corcoran Corcoran, Kings County | <input type="checkbox"/> 1608 California Substance Abuse Treatment Facility , Corcoran, Kings County |

YOUTH FACILITIES:

- | | |
|--|--|
| <input type="checkbox"/> 4003 El Paso de Robles YCF Paso Robles, San Luis Obispo County | |
|--|--|

☐ **7233 SOUTHERN REGION – If this box is marked, no further selection is necessary.**

ADULT FACILITIES:

- | | |
|---|--|
| <input type="checkbox"/> 1307 Calipatria State Prison Calipatria, Imperial County (North) | <input type="checkbox"/> 3313 Chuckawalla Valley State Prison Blythe, Riverside County |
| <input type="checkbox"/> 1308 Centinela State Prison Imperial, Imperial County (South) | <input type="checkbox"/> 3329 Ironwood State Prison Blythe, Riverside County |
| <input type="checkbox"/> 1503 California Correctional Institution Tehachapi, Kern County | <input type="checkbox"/> 3612 California Institution for Men Chino, San Bernardino County |
| <input type="checkbox"/> 1995 CSP, Los Angeles Lancaster, Los Angeles County | <input type="checkbox"/> 3613 California Institution for Women Corona, San Bernardino County |
| <input type="checkbox"/> 3310 California Rehabilitation Center Norco, Riverside County | <input type="checkbox"/> 3715 R. J. Donovan Correctional Facility at Rock Mountain , San Diego, San Diego County |

YOUTH FACILITIES:

- | | |
|---|--|
| <input type="checkbox"/> 3628 Heman G. Stark YCF Chino, San Bernardino County | |
| <input type="checkbox"/> 1967 Southern Youth Correctional Reception Center & Clinic Norwalk, Los Angeles County | |
| <input type="checkbox"/> 5610 Ventura YCF Camarillo, Ventura County | |

Please notify CDCR promptly of any address changes or availability for employment at the following address:

CDCR, Human Resources, Office of Personnel Services, P.O. Box 942883, Sacramento, CA 94283-0001, Attn: Customer Service Center.

**SUPERVISING REGISTERED NURSE III, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

RECRUITMENT QUESTIONNAIRE

These questions are not part of the examination but are for the hiring authority's information.

HOW DID YOU HEAR ABOUT THE SUPERVISING REGISTERED NURSE III, CF EXAMINATION?

Check the box that best describes how you found out about the Supervising Registered Nurse III, CF examination.

- ☐ Professional Journal
- ☐ Professional Colleague
- ☐ Newspaper/Magazine Advertisement
- ☐ Internet
- ☐ California Department of Corrections and Rehabilitation employee
- ☐ Recruitment Mailing
- ☐ College/School
- ☐ Job Fair/Career Fair
- ☐ Other